

Obesity management and the paradox of control

OBESITY is mainly seen by health professionals as a psychological problem relating to beliefs and two key behaviours – overeating and underactivity. As a result, obesity has traditionally been treated with psychologically based interventions designed to change these factors. I will argue that such psychological approaches have a long history of failure and that it is time to supplement them with non-psychological solutions. I also argue that turning away from psychology can actually have some interesting and unexpected effects on peoples' psychological state.

A psychological problem?

Ideally, we would eat because we are hungry and stop eating when we are full. However, given the social context in which our eating takes place, and the constant availability of food, eating behaviour is no longer so simple. We eat as a result of a whole range of beliefs: we believe food is a 'treat', we eat to celebrate, when bored or upset, we eat more for Sunday lunch than the rest of the time, we believe that healthy eating takes more effort and we believe that food is a comfort (Ogden, 2003).

In terms of exercise, in the past we had active lives and didn't need to engage in extra physical activity. But this is no longer the case, and people have become increasingly sedentary. Whether we exercise or take physical activity is also predicted by a range of beliefs: we believe that exercise is boring, that it is time-consuming and that we are no good at it (Norman & Smith, 1995).

Consequently, most solutions offered to fight obesity have been psychological in



JANE OGDEN argues that psychological solutions are not always best.

their focus, aiming to change beliefs and behaviours. For example, there has been health education advice to eat five portions of fruit and vegetables a day, to eat low-fat foods, to eat smaller portions, to be more active and to walk rather than use the car. There is also a range of health promotion activities built into the health system, such as being weighed on registering for a GP and being weighed throughout pregnancy. Dieticians, GPs, nutritionists and public health doctors provide information about what food is healthy, how much we should eat, and what is considered a healthy activity. In addition, psychologists have developed increasingly complex treatments drawing upon a range of psychological perspectives, such as behavioural modification techniques, cognitive behaviour therapy and relapse prevention. Such interventions aim to increase our knowledge, to change beliefs and ultimately to change behaviour.

Are these psychological solutions successful?

The evidence shows that over the past 30 years obesity has steadily increased (James *et al.*, 2001). However, at the same time dieting has also increased and health campaigns giving information about healthy eating and healthy exercise have proliferated. In general, these psychological solutions have not been successful at preventing obesity. In terms of treatment, evidence shows that in response to a range of psychological solutions some people can lose weight (Perri *et al.*, 2001). However, reviews indicate that the majority of these people regain that weight by follow-up (NHS Centre for Reviews and Dissemination, 1997; Wadden, 1993; Wilson, 1995). Furthermore, psychological interventions may also exacerbate any existing problems of overeating (Polivy & Herman, 1985).

So why do these psychological solutions seem to fail? Perhaps they are not making full use of our understanding of human behaviour, instead only applying psychology in a limited way. Telling

someone to 'exercise more' or 'eat less' vastly underestimates the complexity of the behaviour change process. But even when interventions are based on the best theories and derived from the best research, there remains a multitude of psychological explanations for why such interventions do not work. Changing any kind of behaviour is very difficult – we are creatures of habit, with the best predictor of future behaviour being past behaviour (Trafimow, 2000). But changing eating behaviour is particularly difficult for a whole range of psychological reasons. Eating behaviour is a habit that is established very early on in childhood, and we learn what to eat by watching our peers and parents and through the kinds of ways that food is used in family interactions (Birch, 1999). For example, food is used as a reward for good

DISCUSS AND DEBATE

Why are we often so sceptical of non-psychological approaches to obesity management?

Should psychological approaches to obesity be abandoned or are there existing psychological tricks of the trade that we are not yet putting into practice?

Do we generally believe that cause and solution to any problem should be matched?

Could imposed control benefit patients with problems other than obesity?

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behaviour, and unhealthy food is often used as a reward for eating our healthy food; saying 'if you eat your vegetables then you can have your ice cream' is a common parental strategy, but one that results in a preference for ice cream rather than vegetables (Birch, 1999). Such habits become ingrained. Further, when we try to change our eating behaviour, we become preoccupied with the food we are trying to avoid resulting in further overeating (Ogden, 2003).

On top of these psychological factors, eating behaviour takes place within a social context; and even if individuals want to change their eating behaviour, this context is increasingly designed to make that very difficult. Food portions are getting larger, healthy foods are more expensive, fast foods are often the unhealthy ones and food marketing constantly encourages us to eat unhealthy foods. Poor street lighting, a sparse number of safe cycle paths, expensive health clubs, easy access to lifts and escalators... all make good intentions to exercise fail. An individual's desire to change their eating and exercise behaviour is constantly blocked by an obesogenic environment designed to make them overeat and underexercise (Hill & Peters, 1998).

Obesity is seen as a psychological problem that is a problem for the individual. Therefore, the majority of offered solutions aim to target the individual and address their beliefs and behaviours. Such interventions are seen as appropriate, because cause and solution are congruent and the individual is seen as responsible for both. Non-psychological solutions are seen as inappropriate, because the cause of the problem remains unchallenged. Further, the individual is often seen as being 'let off' by non-psychological solutions, and people talk of the 'nanny state' and of such solutions being 'controlling' and 'intrusive'.

But people need help

If behaviours are to change then the environment needs to change first. Not to let people off, or to shift responsibility, or to be overly controlling: just to give people a helping hand. A multitude of creative changes in the environment could be made. Here are just a few. Schools could be encouraged to employ companies who offer healthy meals, not just healthy options. Pasta and bread could be brown rather than white, and pudding could be fruit rather than cake. The food industry could be encouraged to take a more

responsible approach to producing its food, and food marketing policies could be regulated to ensure that foods are marketed accurately, with fruit juices being fruit juices and sweets being sweets. Other possibilities include a fat tax, the production of smaller portions, more cycle paths, improving public transport and improving street lighting. Treatment strategies could also include medical solutions such as obesity surgery and obesity medication. Such changes would help to make changing behaviour a bit easier. They may not automatically eradicate the problem of obesity, but they might help individuals who wish to change their behaviour.

The paradox of control

Non-psychological solutions may also change the way people think about food. Seatbelt laws were imposed upon us, but most people now think that seatbelt wearing is a good thing. Likewise, the smoking ban in Ireland may also result in a similar shift in perspective. Imposing laws that help people to eat more healthily and be more active may be initially met with resentment. But over time, when the benefits can be seen, people may well welcome the help.

We have recently completed a series of studies exploring the impact of obesity surgery – a non-psychological solution to this intractable psychological problem. Surgery is generally regarded with scepticism, as inappropriate and as not getting to the root of the problem. It imposes control upon people without expecting them to regain control themselves, and can be seen as letting people off the hook. Our results show that in line with larger-scale studies (Torgerson & Sjostrom, 2001) surgery results in weight loss and weight loss maintenance and dramatic improvements in health status. It also, however, creates some interesting shifts in the ways in which people think about food (Ogden *et al.*, 2005, in press). Our results show that after surgery, although people have to eat less because their stomachs are smaller, they are less preoccupied with food, less hungry and feel more in control of what and how much they eat. As one woman said one year after surgery:

I can control the amount that I eat, the portions that I eat are small, they're satisfying... I don't obsess about food

any more... I think about what I'm putting in my mouth but not to the point where it controls me. I feel that I am back in control of my body... It's about learning about how to eat from scratch and it's a new start for me.

This quote illustrates the paradox of control. Psychological solutions to obesity aim to empower individuals but can exacerbate feelings of being out of control. Non-

psychological solutions impose control, but paradoxically they may ultimately help people to feel in control once more.

No time to dawdle

Viewing obesity as a psychological problem that requires psychological solutions just does not seem to be working in the longer term. Non-psychological solutions may work either to supplement or even replace psychological ones. Further, by taking away

control, paradoxically, they may help people to regain the control they had lost in the first place. It would be dreadful if the obesity epidemic continued because we did too little. It would be disastrous if it continued because we feared doing too much.

■ *Jane Ogden is Professor of Health Psychology in the Department of Psychology, University of Surrey. E-mail: j.ogden@surrey.ac.uk.*

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